

ACTIVITIES RESOURCE SHEET♥

NAME OF
ACTIVITY: _____

SUPPLIES or EQUIPMENT

NEEDED: _____

TRANSPORTATION

NEEDS: _____

LEADER OR SPECIAL

GROUP: _____

APPROXIMATE TIME PER SESSION: _____

NUMBER OF SESSIONS, IF REQUIRED: _____

(SUCH AS A QUILTING PROJECT OR PAINTING LESSONS)

Residents who may be interested or have special talents related to activity:

Residents who may need special adaptation or equipment to participate:

♥ THIS SHEET IS A TOOL TO DEVELOP AND SAVE IDEAS FOR SOCIAL AND RECREATIONAL ACTIVITIES. ***IT IS NOT A REQUIRED DOCUMENT.***

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rmb